RECOVERY WORKS CONFERENCE CALL/WEBINAR

Monday, August 7, 2017 @ 1:00pm EST

Agenda

- Welcome
- Updates
 - Numbers
 - Member Refresh
- Vouchers
- Medicaid coverage of OTP services
- INARR
- Next meeting

Updates

Numbers:

- 16,157 enrolled
- \$1,203,608 paid in direct client care (2018 SFY)
- \$15,417,276 total
- \$9,523,119 authorized for 2018 SFY, with roughly 12% being expended
- This shares with us that providers are over exaggerating authorizations, please keep in mind as we get closer to the end of the fiscal year to be more realistic in your voucher building

Research Results

- A majority of referrals are coming from Probation and parole agencies
- Clients are predominately white, with an average age of 34
- A majority are unmarried, unemployed, with a HS Degree or GED equivalent
- Most common substances used by RW clients are alcohol, marijuana, and opioids
- More than ½ of the clients had a previous substance use treatment episode
- Approximately 1/3 of RW clients report having used a needle to inject drugs
- 13% of that third report having shared a needle

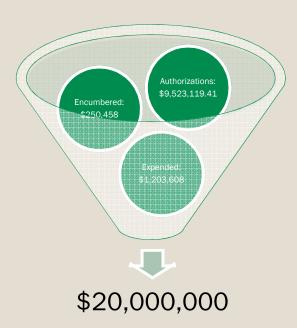
Research Results, Con't.

- Of those who remained is RW for at least 6 months have statistically significant increases in rates of employment, and insurance coverage; and decreases in selfreported arrests
- Of those clients that had at least one year of risk of incarceration, 7.7% were incarcerated
- 52% were incarcerated on a technical violation
- Having previously being in DOC was significantly associated with incarceration
- Those that were incarcerated made significantly less money, were significantly less likely to have permanent housing or were not in the same housing for the past 6 months

Take Away

- Recovery Works needs to provide targeted training on the returning population which includes criminogenic thinking and risk factors
- We need to begin to address the inadequate amount of housing available to returning citizens.

VOUCHERS



- Currently there is \$10 million in the "pot"
- Of that \$10 million, \$9,523,188 has been authorized.
- Of the authorized amount, \$1,203,808 has been expended with \$250,458 encumbered (to be paid)
- \$8,068,922 is remaining to be claimed.
- Currently agencies are claiming 15% of what they are vouching

Next steps...

- MUST stop over authorizing
- Each authorization needs to be based on the client's CURRENT treatment needs
- Should not have blanket authorizations for all clients
- Examples:
 - Using the same template for 3 months in a row = NO
- Be realistic when building vouchers are clients really going to attend 38 hours of group in a month? And receive 50 hours of case management? And receive 25 hours of Skills?
- We will begin to limit weekly funds and reduce the client cap

OTP SERVICES

OTP + Medicaid

- It was approved July 1 for Medicaid to begin reimbursing for Methadone
- Methadone is dispersed through Opioid Treatment Providers (OTP)
- Providers were supposed to be able to begin billing August
 1, but there has been a delay
- Moving forward, when we receive PAs for this service, we will begin to ask how the client is getting connected to Medicaid/HIP for coverage of this service

INARR

INARR

- Indiana Affiliation of Recovery Residences
- HEA 1006 and SB 402
- 4 levels, each with their own standards and criteria
- Being certified through INARR
- Once certified can become a RW provider
- Each level can bill particular services based on that level standards

Caveats

- Levels 1-3 must still be associated with a DMHA Certified provider (MOU, Referral process)
 - Assessment
 - SUD/MH Services
- Until April of 2018, client can only be associated with ONE Recovery Works Agency
- Agencies will still need to work closely together

Next Steps

- ALL Recovery Homes must become certified in order to be paid for services through Recovery Works, or any other DMHA payer source
 - Regardless of who is billing
- Easier for SUD/MH Providers as you will simply need to ask for the house's certification
- INARR is working on certifying houses now
- More information can be found at www.inarr.org

NEXT MEETING

- Next meeting will be October 2nd due to Labor Day Holiday in September
- Same time (1 pm); Same place
- Will have a 30 minute training on Criminogenic Thinking and Risk factors

QUESTIONS? COMMENTS?